

*Notice of Availability of Funds for Fiscal Year (FY) 2011*

# **Funding Opportunity Announcement**

**PS11-1113**

## ***Frequently Asked Questions***

### **HIV Prevention Projects for Young Men of Color Who Have Sex with Men and Young Transgender Persons of Color**



**Centers for Disease Control and Prevention  
National Center for HIV/AIDS, Viral Hepatitis,  
STD, and TB Prevention  
Division of HIV/AIDS Prevention  
Prevention Program Branch**



## TABLE OF CONTENTS

What is the purpose of this Funding Opportunity Announcement (FOA)? .....	4
What are the specific objectives of this FOA? .....	4
What are the measurable outcomes? .....	5
Can the FOA be used to support research? .....	5
Where can I view the FOA? .....	5
Where can I get the latest FOA-related updates? .....	5
Is technical assistance with writing my application available? .....	5
How much money is available? .....	6
How many awards will CDC make, and what sort of funding can grantees expect to receive? .....	6
When will the funds be available? .....	7
How long will funding for the projects be continued? .....	7
Are matching funds required? .....	7
Who may apply for funding? .....	7
What are the requirements for eligibility? .....	7
If we are funded, what activities are we required to do? .....	9
Are there additional required activities? .....	13
How will CDC assist my organization if we are funded? .....	14
Do I need to submit a Letter of intent (LOI), and what is the format? .....	14
What is a DUNS number, and how do I get one? .....	15
How do I submit my application? .....	15
When is my application due? .....	16
What first steps should I take to apply online? .....	16

What if I need technical assistance with Grants.gov?.....	16
What is included in an application? .....	16
What do I include in the cover letter? .....	17
What do I include in the Table of Contents?.....	17
What do I include in the project abstract? .....	17
What do I include in the project narrative?.....	18
What items belong in the appendix, and how much additional information may I submit as appendices? .....	18
How do I name electronic files? .....	21
Where do I find guidance on budget preparation? .....	21
What are the funding restrictions?.....	21
Is my application subject to intergovernmental review? .....	22
How does the CDC review and selection process work? .....	22
How is the written application scored? .....	23
How is the pre-decisional site visit scored? .....	24
What is a Recipient Capability Assessment? .....	25
What other factors affect the funding decision? .....	25
How will my organization be notified if we are selected for funding?.....	25
What are our reporting requirements if funded?.....	26
Who may I contact for more information?.....	26

---

## WHAT IS THE PURPOSE OF THIS FUNDING OPPORTUNITY ANNOUNCEMENT (FOA)?

Funds available under this announcement are intended to support a cooperative agreement program for community-based organizations (CBOs) to develop and implement HIV prevention programs in up to two categories:

- **Category A:** HIV prevention services for high-risk Young Men of Color Who Have Sex with Men (YMSM of color) and their partners regardless of age, gender, and race/ethnicity.
- **Category B:** HIV prevention services for high risk Young Transgender persons (YTG) of color and their partners regardless of age, gender, and race/ethnicity.

The purpose of the HIV Prevention Program portion of this FOA is to:

- Support the development and implementation of effective community-based HIV Prevention Programs that serve Young Men of Color Who Have Sex with Men and Young Transgender persons of color and their partners at high risk for acquiring or transmitting HIV.
- Increase the number of YMSM of color and YTG persons of color who are aware of their HIV status and linked to care, treatment, and prevention services.
- Build the capacity of CDC-funded CBOs delivering selected structural, interventions, behavioral interventions, outreach or enhanced HIV Testing to YMSM of color and/or YTG persons of color and their partners at high risk for acquiring or transmitting HIV.
- Ensure provision of HIV prevention and care services.

- Promote collaboration and coordination of HIV prevention efforts among CBOs, health departments, and private agencies.
- Address the “Healthy People 2020” focus area(s) of HIV prevention.

This program addresses the following National HIV/AIDS Strategy (NHAS) priority recommendations and strategies:

- Recommendations for essential prevention activities and services provided to gay and bisexual men.
- Recommendations for HIV prevention approaches for transgender persons.
- Integration of HIV prevention and care services.
- Address deficiencies in directing the needed proportion of resources to gay and bisexual males and transgender populations within racial/ethnic groups heavily impacted.

---

## WHAT ARE THE SPECIFIC OBJECTIVES OF THIS FUNDING OPPORTUNITY ANNOUNCEMENT?

- Reduce HIV transmission.
- Ensure early diagnosis of HIV infection.
- Increase the use of evidence-based interventions for HIV prevention.
- Increase the number of individuals at high risk for HIV infection who receive appropriate HIV prevention services and become aware of their serostatus.
- Increase access to quality HIV medical care and ongoing HIV prevention services for persons who are living with HIV.
- Complement HIV prevention activities and program models supported by state and local health departments.
- Increase outreach and education efforts to YMSM of color and YTG persons of color to encourage them to know their

HIV status and engage in behaviors that reduce their risk of becoming infected with HIV and transmitting HIV if currently infected.

---

## WHAT ARE THE MEASURABLE OUTCOMES?

The measurable outcomes will be in alignment with one or more of the following performance goals for CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP):

- Decrease the annual HIV incidence rate.
  - Decrease the rate of HIV transmission by HIV-infected persons.
  - Decrease risky sexual and drug-using behaviors among persons at high risk for acquiring HIV.
  - Increase the proportion of HIV-infected people in the United States who know they are infected.
  - Increase the proportion of HIV-infected persons who are linked to prevention and care services.
- 

## CAN THE FOA BE USED TO SUPPORT RESEARCH?

This announcement only supports non-research activities, as defined by CDC. If research is proposed, the application will not be reviewed. For CDC's definition of research, please refer to the CDC website at the following address:  
<http://www.cdc.gov/od/science/regs/hrpp/researchDefinition.htm>.

---

## WHERE CAN I VIEW THE FOA?

Visit [www.grants.gov](http://www.grants.gov) to learn more about and view the FOA, as well as its associated attachments and appendices. Definitions for terms used frequently throughout the FAQ can be found in FOA

*Attachment I: Glossary of Terms.* Visit the FOA website at:

<http://www.cdc.gov/hiv/topics/funding/PS11-1113>.

---

## WHERE CAN I GET THE LATEST FOA-RELATED UPDATES?

CDC has established a website to help applicants better understand the goals and objectives of the FOA. The website contains a copy of the FOA in its entirety, as well as links to the Grants.gov website and additional updates and information.

This website will be updated regularly with the latest information about the FOA and all related technical assistance (TA) activities. Visit the site at:

<http://www.cdc.gov/hiv/topics/funding/PS11-1113/>

---

## IS TECHNICAL ASSISTANCE WITH WRITING MY APPLICATION AVAILABLE?

Technical assistance (TA) resource information can be obtained from the FOA website:  
<http://www.cdc.gov/hiv/topics/funding/PS11-1113>.

In addition to the website, the following technical assistance activities will help applicants complete the application process and receive assistance onsite or via conference calls related to the FOA.

Activities include:

### Pre-Application Workshops

Two workshops have been scheduled to provide CBOs with a full day of intensive, on-site assistance. Representatives from the Division's Prevention Program Branch (PPB), Program Evaluation Branch (PEB), and Capacity Building Branch (CBB), as well as CDC's Procurement and Grants

Office (PGO) will be available during the workshops. The workshop locations, meeting agendas and hotel information can be found on the CBO FOA website: <http://www.cdc.gov/hiv/topics/funding/PS11-1113>.

#### **FOA Information line (404-639-8330)**

CDC has established an information telephone line for potential applicants to request information and ask questions about the application process. The information line will be open 24 hours a day from March 16- May 10, 2011, and responses to all questions will be returned to the questioner by email and posted to the CDC FOA website.

#### **Webcast Conference Calls**

A series of webcast conference calls have been scheduled from April 19- April 22, 2011, to further support all applicants. Following a series of presentations on the FOA application process by CDC staff, participants will have an opportunity to ask any remaining questions they have related to the FOA.

#### **Technical Assistance Calls**

A series of Technical Assistance Calls have been scheduled from May 4-9, 2011. Applicants will have the opportunity to ask questions regarding the submission of their application.

Instructions and specific dates/times for the **Webcast Conference Call, Technical Assistance Calls** will be available on the CBO FOA website: <http://www.cdc.gov/hiv/topics/funding/PS11-1113>.

Capacity Building Assistance (CBA) in the following focus areas can also be requested through the FOA website:

- Organizational infrastructure (e.g., budget development, board development, fiscal management procedures and protocols, and

developing information tracking systems).

- Strengthening behavioral interventions (e.g., adapting specific HIV prevention interventions for high-risk populations, review of existing curricula, and strategic planning and program design).

---

## **HOW MUCH MONEY IS AVAILABLE?**

During the first fiscal year of the project, approximately \$10 million will be available to agencies awarded funds under Categories A and/or B.

Over the total project period, approximately \$50 million will be available to support cooperative agreement recipients under Categories A and/or B.

***Note: These amounts are estimates, which include direct and indirect costs and are subject to availability of funds.***

---

## **HOW MANY AWARDS WILL CDC MAKE, AND WHAT SORT OF FUNDING CAN GRANTEES EXPECT TO RECEIVE?**

- Approximate Number of Awards:
  - Category A and/or B: 30 awards
- Approximate Average Award:
  - Category A and/or B: \$300,000

***Note: This amount is for the first 12-month budget period and includes both direct and indirect costs.***

- Floor of Individual Award Range:
  - Category A and/or B: \$250,000
- Ceiling of Individual Award Range:
  - Category A and/or B: \$600,000

The average, floor, and ceiling amounts are for the first 12-month budget period and include both direct and indirect costs.

- Funding estimates may change based on the availability of funds.
- If a funding amount greater than the ceiling of the award range is requested, your application will be considered non-responsive and will not be entered into the review process. You will be notified that the application did not meet the submission requirements.

---

## **WHEN WILL THE FUNDS BE AVAILABLE?**

Organizations that are selected for awards under this FOA will receive funding by September 30, 2011.

---

## **HOW LONG WILL FUNDING FOR THE PROJECTS BE CONTINUED?**

The project length is five years. Throughout the project period, CDC's commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government.

To be granted a continuation award, you must have:

- Completed all recipient requirements.
- Submitted appropriate data and programmatic reports on your annual target levels of performance.
- Demonstrated sufficient progress in programmatic activities.

## **ARE MATCHING FUNDS REQUIRED?**

Matching funds are not required for this program.

---

## **WHO MAY APPLY FOR FUNDING?**

The following types of organizations may apply for funding:

Nonprofits with 501(c)(3) IRS status (other than institutions of higher education), including:

- Community-Based Organizations
- Faith-based Organizations
- Tribal Organizations

Eligible applicants must be located in and provide services in the following Eligible Metropolitan Statistical Areas (MSA).

1. Atlanta-Sandy Springs-Marietta, GA
2. Austin-Round Rock, TX
3. Baltimore-Towson, MD
4. Baton Rouge, LA
5. Birmingham-Hoover, AL
6. Boston, Mass-NH
7. Charlotte-Gastonia-Concord, NC-SC
8. Chicago, IL-IN-WI
9. Cincinnati-Middletown, OH-KY-IN
10. Cleveland-Elyria-Mentor, OH
11. Columbia, SC
12. Columbus, OH
13. Dallas, TX
14. Denver-Aurora, CO
15. Detroit, MI
16. El Paso, TX
17. Houston-Baytown-Sugar Land, TX
18. Indianapolis, IN
19. Jackson, MS
20. Jacksonville, FL
21. Kansas City, MO-KS
22. Las Vegas-Paradise, NV
23. Los Angeles, CA
24. Memphis, TN-MS-AR
25. Miami-Fort Lauderdale, FL

26. Milwaukee-Waukesha-West Allis, WI
27. Minneapolis-St. Paul-Bloomington, MN-WI
28. Nashville-Davidson--Murfreesboro, TN
29. New Orleans-Metairie-Kenner, LA
30. New York, NY-NJ-PA
31. Orlando, FL
32. Philadelphia, PA-NJ-DE-MD
33. Phoenix-Mesa-Scottsdale, AZ
34. Raleigh-Cary, NC
35. Richmond, VA
36. Riverside-San Bernardino-Ontario, CA
37. San Antonio, TX
38. San Diego-Carlsbad-San Marcos, CA
39. San Francisco-Oakland, CA
40. San Jose-Sunnyvale-Santa Clara, CA
41. San Juan-Caguas-Guaynabo, PR
42. Seattle, WA
43. St. Louis, MO-IL
44. Tampa-St. Petersburg-Clearwater, FL
45. Virginia Beach-Norfolk-Newport News, VA-NC
46. Washington, DC-VA-MD-WV

***Note: For-profit agencies, hospitals, colleges/universities, and research institutions are not eligible to apply.***

State and local governments are not considered eligible because they are currently funded through another FOA. This program seeks to complement and augment health department activities by utilizing the expertise of outside entities to reach populations that health departments have traditionally had difficulty reaching.

---

## WHAT ARE THE REQUIREMENTS FOR ELIGIBILITY?

### ***General Requirements***

You must:

- Have current tax-exempt status 501 (c)(3) or proof of incorporation as a not-for-profit organization.
- Not be a government or municipal agency, or a private or public university or college.
- Not be a 501(c)(4) non-profit organization.  
***(Note: Title 2 of the U.S. Code section 1611 states that an organization described in section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive federal funds constituting a grant, loan, or award.)***
- Submit an application for up to two categories (A and/or B).
- Not request funding greater than the ceiling of the award range, including indirect costs.
- Provide at least **three** letters of support from civic (or nonprofit), business, or faith-based organizations who are located in the community and also serve the proposed target population.
- Provide proof that you intend to deliver the core elements of the selected intervention.
- Adhere to the required page limits and comply with the format requirements.
- Provide documentation that you have discussed the details of the proposed HIV testing program with your state/local health department and agree to follow its guidelines for these services. (See *FOA Attachment IV* for a list of HIV testing requirements.)
- Share HIV testing service plans with the health department and obtain a **letter of support** to be eligible for funding (See *Attachment XI: Health Department Director Sample Letter for HIV Testing*).

### ***Category A and/or B Requirements***

Applicants must:

- Demonstrate that they have provided HIV prevention or care services to the target population in accordance with the



specific requirements for the category for which the applicant is applying; document services to the target population by providing the documentation described in Appendix F.3.: Proof of Service, Location, and History.

- If applying under Category A, provide proof of the percentage of individuals served by applicant in the last twenty four months who were YMSM of color.
- If applying under Category B, provide proof of the percentage of individuals served by applicant in the last twenty four months who were YTG persons of color.
- Complete *Attachment XIII: Historical Data Table*.

### **Locally Developed Theory-based Intervention Requirements**

You must:

- Provide a letter from the Executive Director or CEO attesting that the organization is the original developer of the locally-developed intervention.
- Show that the intervention was developed with substantial input from the served community.
- Authenticate origination, that the locally-developed intervention is NOT an adaptation of an intervention listed on the Effective Interventions website ([www.effectiveinterventions.org](http://www.effectiveinterventions.org)) or in the CDC Compendium. (<http://www.cdc.gov/hiv/topics/research/prs/evidence-based-interventions.htm>).
- Provide documentation of delivery of the locally-developed intervention to the target population for at least 24 months prior to the publication date of this Funding Opportunity Announcement.
- Provide a complete intervention manual or other implementation materials.
- Provide materials that accurately and completely describes the locally-developed intervention that has been delivered by the applicant for at least two years.

- Complete *Attachment XIII: Historical Data Table*.

### **Notes:**

- All information submitted with your application is subject to verification during Pre-Decisional Site Visits (PDSVs).
- You may not submit an application as the principal partner of another organization that does not meet the criteria above.
- If your application is incomplete or non-responsive to the special requirements listed in this section, it will not be entered into the review process. Late submissions will be considered non-responsive.

---

## **IF WE ARE FUNDED, WHAT ACTIVITIES ARE WE REQUIRED TO DO?**

Throughout the term of this funding opportunity announcement, you will be required to implement an HIV Prevention Program that is composed of some combination of interventions and services. Applicants are required to implement the following for each category in which funding is requested.

### **Comprehensive HIV Prevention Program**

- Locate program activities in a culturally and age appropriate safe space for the target population.
- Establish and maintain a Youth Advisory Board (YAB) comprised of members of the target population.
- Ensure that services are culturally and sensitive and relevant.
- Develop program promotion and client recruitment strategies that include a social networking component known to be effective within the target population.
- Comply with all relevant laws and regulations regarding entrance into adult establishments/environments.

- Within the first six months of funding, develop safety protocols to include well-defined laws and curfews for persons under age 18.
- Within the first six months of funding, create and implement internal policies in compliance with local/state laws reporting requirements regarding sexual assault, rape, abuse, or other illegal sexual activity with a minor, and provide effective staff training on all policies.
- Develop and implement a staff development plan that promotes peer leadership within the target population.
- Hire staff reflective of the target population, with minimally twelve months' experience working with the target population.
- Actively promote funded program(s).
- Collaborate with other organizations or agencies with an established history of working with the target population.
- Conduct outreach activities to recruit high-risk persons into interventions and services.
- Implement recruitment strategies to reach persons at greatest risk for HIV acquisition or transmission.
- Seek input from the Youth Advisory Board on appropriate program promotion and recruitment strategies.
- Utilize social networks, the Internet, and other media-based social marketing approaches to promote awareness of the HIV prevention program.

#### **Enhanced HIV Testing with a Risk Reduction Intervention**

- Implement enhanced HIV testing with Personalized Cognitive Counseling (PCC) for repeat testers.
- Provide linkage and referral services.
- Discuss agency plans with the state or local health department (See *Attachment IV: List of HIV testing Requirements*).
- Follow current CDC guidelines and recommendations for HIV testing.

- Integrate HIV testing into the overall HIV prevention program.
- Develop strategies to recruit high-risk members of the target population who have not been tested in the past six months or do not know their HIV status.
- Develop strategies to reduce the target population's barriers to accessing HIV testing.
- Ensure that individuals with reactive rapid HIV tests receive confirmatory tests.
- Ensure that individuals receive their test results, especially those who test positive.

#### **Interventions and Services (Evidence-Based Interventions or Locally-Developed Interventions or CRCS with CLEAR)**

##### For Medium-Risk Negative Individuals

- Provide brief risk reduction interventions, access to HIV prevention brochures, pamphlets, prevention education websites, and referrals to appropriate evidence-based interventions (EBIs) offsite.

##### For High-Risk Negative Individuals

- Choose to implement one of the following interventions or strategies:
  - 1) Comprehensive Risk Counseling and Services (CRCS) with CLEAR; or
  - 2) A locally developed theory-based intervention; or
  - 3) An effective behavioral intervention from the list below:
    - Community PROMISE
    - d-up!: Defend Yourself
    - Many Men, Many Voices (3MV)
    - Mpowerment
    - Popular Opinion Leader (POL)
    - Sisters Informing Sisters on Topics about AIDS (SISTA) for YTG only

##### For HIV-Positive Individuals

- Choose to implement one of the following interventions or strategies:
  - 1) Comprehensive Risk Counseling and Services with CLEAR; or
  - 2) A locally developed theory-based intervention; or
  - 3) An effective behavioral intervention from the list below:
    - Healthy Relationships
    - Partnership for Health (PfH)
    - Women Involved in Life Learning from Other Women (WILLOW)-for YTG only

Applicants choosing to implement Comprehensive Risk Counseling Services with CLEAR are required to:

- Implement recruitment and retention strategies.
- Develop eligibility criteria for entry into the program.
- Screen clients to ensure eligibility criteria is met.
- Develop individualized prevention plan for each client.
- Conduct ongoing monitoring and assessment of client needs.
- Establish clear criteria for discharge and readmission into the program.
- Ensure case managers have an appropriate caseload.
- Coordinate case management activities with other case management programs.
- Develop and implement a monitoring and evaluation plan to determine program effectiveness.
- Develop quality assurance plan to ensure the program is appropriate, being implemented with fidelity, and meets the needs of the target population.
- Ensure adequate training is provided for all staff performing duties associated with the implementation of the program.
- Develop a monitoring and evaluation plan to ensure adequate data collection, security, and confidentiality guidelines meet federal requirements.

### **Condom Distribution**

- Implement a condom distribution program that increases access to and use of condoms by the target population.
- Provide condoms free of charge.
- Implement a social marketing campaign to promote condom use.
- Conduct both promotion and distribution activities at the individual, organizational, and community level.

### **Coordinated Referral Network and Service Integration, and Tracking System**

- Develop and sustain a coordinated referral network that provides linkages to the following:
  - HIV/AIDS care and treatment services, including direct support and follow up for reengagement and retention in care services.
  - CD4 cell count and viral load screening.
  - Treatment adherence services, including Anti-Retroviral Therapy.
  - Partner Services (PS).
  - Screening and treatment for STDs, Hepatitis C, and TB.
  - Other area CDC-funded HIV prevention programs [via state or local health departments and/or directly funded CBOs.]
  - Syringe Services Programs, where available and in accordance with Health and Human Services (HHS)/CDC policy and other programs for active substance abuse users.
  - Drug treatment programs.
  - Mental health counseling programs experienced with youth and young adults.
  - Pre-exposure prophylaxis and post-exposure prophylaxis, where available.
  - Housing.
  - Basic education continuation-completion services.

- Employment readiness and referral programs, as appropriate.
- Within three months of award, develop formal agreements (MOAs) with providers and other agencies that clients can be referred to.

**If the applicant plans to implement integrated screening activities, describe how each of the following will be addressed:**

- 1) Working with STD, hepatitis, and TB programs to design, develop, and implement the activities.
- 2) Ensuring that clients receive their test results, especially those who test positive.
- 3) Ensuring that clients who test positive are linked to medical care and receive timely and appropriate evaluation and treatment.
- 4) For clients who test positive for other STDs, ensuring that partner services are initiated as soon as possible after diagnosis, in accordance with CDC recommendations and state and local requirements.
- 5) For clients who are candidates for hepatitis A or B vaccination, providing referral or linkage to these services.
- 6) Periodically reviewing the monitoring data to assess the value of continuing screening for other STDs, viral hepatitis, and TB.

**Additionally, for HIV Positive Individuals, referral networks must:**

- Demonstrate effective linkage to care models (e.g., ARTAS, navigator models).

**Monitoring and Evaluation**

- Develop a monitoring and evaluation plan.

*\*\*Funded applicants must work with CDC to implement and develop a*

*process monitoring plan for each intervention and/or service they provide.*

- Collect and report data consistent with CDC requirements.
- Collect and report standardized data on budget, agency characteristics, all HIV prevention activities funded under this announcement, client-level information on demographics and risk characteristics, aggregate data for outreach, and recruitment activities and other information that may be needed.
- Utilize CDC-required data reporting software Program Evaluation Monitoring System (PEMS) or other CDC-approved reporting system.
- Designate staff responsible for management, reporting, use, and security of all data collected for this program.
- Report core program performance indicators.
- Ensure that staff are adequately trained on CDC-required data reporting software PEMS or other CDC-approved reporting system and on National HIV Monitoring and Evaluation Data (NHME).
- Utilize program monitoring data to continually access and improve program performance.

**Information System and Data Security Requirements**

- Submit a Memorandum of Understanding (MOU) indicating compliance with H.19 308 (d) Contract Clause for Safeguards for Individuals and Establishments Against Invasions of Privacy.

**Quality Assurance**

- Develop, implement, and maintain a quality assurance plan to monitor, review, and plan for future program activity.

**Staffing**

- Ensure that the program is adequately staffed for the delivery of all components of the HIV prevention program the agency will be implementing.

### **Staff Development**

- Ensure that staff are adequately trained on all components of the HIV prevention program that the agency will be implementing.

### **Coordination and Collaboration with Health Departments and Community Planning Groups**

- Coordinate and collaborate with state and local health departments.
- Refer HIV-infected clients to Partner Services (PS).
- Participate in the state and local HIV prevention community planning group (CPG) process.
- Support integration of HIV prevention activities with STD, viral hepatitis, TB screening, and other prevention services.
- Establish partnerships related to HIV/STD prevention and health wellness with other organizations serving the target population.

---

## **ARE THERE ADDITIONAL REQUIRED ACTIVITIES?**

The following activities are required of all award recipients. They must be discussed in the project narrative, but do not require a separate sub-budget.

### **Required activities for HIV Prevention Programs include:**

- Within the first six months of funding, work with CDC-funded CBA providers to develop and implement a Strategic Plan.
- Within the first six months of funding, participate in CDC-approved trainings.

- Within the first six months of funding, provide a statement agreeing to the following:
  - Have at least one YMSM of color and/or YTG person of color actively serving on the board of directors or actively advising the board of directors.
  - Develop MOA(s), with all collaborating agencies serving target population.
- Submit copies of all proposed material with the use of the name or logo of CDC and/or the Department of Health and Human Services to the CDC Grants Management Office for approval.
- Comply with CDC's Assurance of Compliance with the Requirements for Contents of AIDS-Related Written Materials guidelines.
- Submit all newly-developed public information resources and materials to the CDC National Prevention Information Network (NPIN).

### **Locally Developed Theory-based Intervention**

- Within the first six months of funding, work with CDC's Prevention Research Branch, Operational Research Team, to review the existing locally-developed HIV prevention intervention curriculum, and develop, as needed, a behavior change logic model with clearly identified core elements for the intervention.
  - Work with CDC staff to produce a monitoring and evaluation plan and a quality assurance plan to strengthen implementation of the existing locally-developed intervention and provide direction for process monitoring, process evaluation, and outcome monitoring.
-

## HOW WILL CDC ASSIST MY ORGANIZATION IF WE ARE FUNDED?

In a cooperative agreement, CDC staff are substantially involved in program activities. In addition to grant monitoring, CDC involvement will include:

- Collaborating with grantees to provide technical assistance in the development of all plans, policies, procedures, and instruments related to this program.
- Working with grantees to determine technical assistance and training needs and ensure that those needs are met.
- Ensuring that effective training practices and implementation of policies/protocols occur within the first six months of award (e.g., PEMS training).
- Providing technical assistance and consultation on program and administrative issues either directly, or through its partnerships with health departments, capacity building assistance providers, national and regional minority organizations, contractors, and other national and local organizations.
- Providing technical assistance and information on new rapid HIV testing technologies.
- Working with grantees to establish partnerships with state and local health departments and community planning groups, if necessary.
- Disseminating current information, including best practices and lessons learned, in all areas of HIV prevention.
- Strengthening the capacity of the grantee organization to implement evidence-based program models through referrals for capacity-building assistance, workshops, conferences, and other written materials (e.g., adaptation of EBIs).
- Conducting assessments related to intervention fidelity.
- Supporting and monitoring implementation of grantee programs

and fiscal activities through direct observation of program models during site visits, technical assistance, budget review and approval, and ensuring that grantees maintain client/data confidentiality as well as compliance with other organizational requirements.

- Providing assistance with the development of intervention and program monitoring guidelines and systems, including required program indicators, annual targets, and data.
- Helping grantees to meet data collection and reporting requirements and using data at the local level for program management and improvement.
- Collaborating with the grantee to analyze quantitative and qualitative data.
- Convening grantee meetings over the course of the project.

---

## DO I NEED TO SUBMIT A LETTER OF INTENT, AND WHAT IS THE FORMAT?

**CDC urges you to complete a Letter of Intent (LOI) and submit it electronically before you send in your application.**

Although a letter of intent is not required, is not binding, and does not enter into the review of a subsequent application, the information that it contains allows CDC program staff to estimate and plan the review of submitted applications.

The LOI must contain the following information:

- Number and title of this funding opportunity.
- Descriptive title of proposed project.
- Name, address, and telephone number of the Principal Investigator/Project Director.
- Names of all key personnel.
- Statement identifying which category the applicant is applying under.

- Applicant information, including name, address, and DUNS number.
- Description of the proposed target population.
- Information about which interventions and services the applicant intends to implement through this program.

**CDC strongly encourages you to submit the LOI electronically at:**

<http://www.cdc.gov/hiv/topics/funding/PS11-1113/letter.htm>.

**LOI Deadline Date:**

April 4, 2011 by 5:00 p.m. Eastern Time.

***Note: Do not send your application with the Letter of Intent.***

## WHAT IS A DUNS NUMBER, AND HOW DO I GET ONE?

Applicants are required to have a Dun and Bradstreet Data Universal Numbering System (DUNS) number to apply for a grant or cooperative agreement from the federal government. The DUNS number is a nine-digit identification number, which uniquely identifies business entities.

There is no charge for a DUNS number, and you can obtain one by going to <http://fedgov.dnb.com/webform/displayHomePage.do> or by calling 1-866-705-5711.

***Note: It can take up to 30 business days to receive your DUNS number, so be sure to start the process early.***

## HOW DO I SUBMIT MY APPLICATION?

CDC **requires** you to submit applications electronically at [www.grants.gov](http://www.grants.gov), the official U.S. government agency-wide e-grant website. The application package can be downloaded from [www.grants.gov](http://www.grants.gov).

Applicants are able to complete it offline and then upload and submit the application via the Grants.gov website.

***Email submissions will not be accepted.***

Electronic applications will be considered as having met the deadline if the application has been successfully submitted electronically by the applicant's Authorized Organization Representative (AOR) to Grants.gov on or before the deadline date and time. Applications will receive an electronically stamped date/time, along with an assigned tracking number; this documentation will serve as receipt of submission. The AOR will receive an email notice of receipt when HHS/CDC receives the application.

If the applicant has technical difficulties in Grants.gov, customer service can be reached by email at [support@grants.gov](mailto:support@grants.gov) or by phone at 1-800-518-4726 (1-800-518-GRANTS). The Grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of holidays.

HHS/CDC recommends that organizations submit their applications to Grants.gov at least seven days prior to the deadline so that they have time to resolve any unanticipated technical difficulties.

If you still have questions, contact the Procurement and Grant Office Technical Information Management Section (PGO TIMS) staff at 770-488-2700 or [PGOTIM@cdc.gov](mailto:PGOTIM@cdc.gov). Applicants are asked to allow two to three days after the submission deadline before calling, which allows time for submissions to be processed and logged.

***Note: The application is not complete until you have completed the validation process. Validation may take as long as two business days to complete. Non-validated applications will not be accepted after the due date.***

---

## WHEN IS MY APPLICATION DUE?

Application Deadline Date:  
May 17, 2011

**Applications must be received in the CDC Procurement and Grants Office by 5:00 p.m. Eastern Standard Time on the deadline date.**

If the application submission does not meet the published deadline, it will not be eligible for review and the applicant will be notified that the application did not meet the submission requirements.

Applicants must download the SF 424 (R&R) application package associated with this funding opportunity. If access to the Internet is not available or if the applicant encounters difficulty in accessing the forms on-line, contact the PGO TIMS staff at 770-488-2700 for further instruction. CDC Telecommunications for the hearing impaired or disabled is available at TTY 1-888-232-6348.

---

## WHAT FIRST STEPS SHOULD I TAKE TO APPLY ONLINE?

### Step One:

Visit Grants.gov at least **30 days** prior to filing your application to familiarize yourself with the registration and submission processes.

### Step Two:

Complete the one-time registration process under "Get Registered" (if you have not registered previously). The registration process will take **three to five days** to complete; however, as part of the Grants.gov registration process, registering an applicant with the Central Contractor Registry (CCR) could take **an additional one to two days** to complete.

Grants.gov provides checklists and all the information you need to register. Registration allows you to be credentialed electronically and safeguards the entire application process.

### Step Three:

Download Adobe software at Grants.gov in order to access, complete, and submit your application securely.

### Step Four:

Make preparations to submit all documents for your application in a PDF format. Information about PDF software is available in the Help section at Grants.gov. Use of file formats other than PDF may result in the application's being unreadable by staff.

### Step Five:

Create a plan that allows you to submit your electronic application prior to the closing date, so that if you have any difficulties, you can submit a hard copy of the application prior to the deadline. An email confirmation will be sent to confirm the submission of a completed application.

---

## WHAT IF I NEED TECHNICAL ASSISTANCE WITH GRANTS.GOV?

If you have technical assistance questions/needs relating to Grants.gov, you can reach customer service by e-mail at [support@grants.gov](mailto:support@grants.gov) or by phone at 1-800-518-4726 (1-800-518-GRANTS). The Grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of all federal holidays.

---

## WHAT IS INCLUDED IN AN APPLICATION?

Your application must contain the following items and be assembled in this order:



- Table of Contents
- Cover Letter
- CDC Assurance and Certification :  
<http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>
- Letter of Intent (LOI)  
<http://www.cdc.gov/hiv/topics/funding/P511-1113/index.htm>.
- Application form (with DUNS number included)
- Project Abstract
- Project Narrative (for Category A and/or B )
- Appendix A: Proof of Eligibility
- Appendix B: Proposed Target Population Worksheet
- Appendix C: Implementation plan(s)
- Appendix D: Required HIV Testing Documentation
- Appendix E: Information System and Data Security Requirements
- Appendix F: Other Documentation
- Appendix G: Budget and Budget Justification

**Note: You are permitted to submit only one application per organization.**

---

## WHAT DO I INCLUDE IN THE COVER LETTER?

A cover letter must be included with your application.

Your cover letter must contain the following:

- Organization's name and address, as well as your executive director's name and contact information.
- A description of your proposed target population.
- A statement about the category or categories under which you are applying (Category A or Category B), and the name of the interventions or services you propose to perform under this FOA.
- A statement indicating the service area for program implementation.

- A statement of total amount of funding requested.
- Written in "plain language" (e.g., not using jargon, unexplained acronyms, and confusing sentence structure).

Your cover letter must follow this format:

- Maximum number of pages: 2
- Font size: 12-point unrounded
- Font type: Times New Roman
- Spacing: Single-spaced
- Paper size: 8.5 by 11 inches
- Page margin size: 1 inch
- Printed only on one side of page

---

## WHAT DO I INCLUDE IN THE TABLE OF CONTENTS?

A table of contents must be included with your application. The table of contents **will not count toward your project narrative page count.**

See *Attachment XII: Sample Application Table of Contents* for a template.

---

## WHAT DO I INCLUDE IN THE PROJECT ABSTRACT?

A project abstract must be submitted with the application and contain a summary of your proposed activity (or activities) that is suitable for dissemination to the public. It should be a self-contained description of your project and should contain a statement of both your objectives and the methods you will employ to reach those objectives. It should be informative to other persons working in the same or related fields and, insofar as possible, understandable to a technically literate lay reader. This abstract must not include any proprietary/confidential information.

The abstract must follow this format:

- Maximum of 2-3 paragraphs (no more than one page)
- Font size: 12-point unreduced
- Font type: Times New Roman
- Spacing: Single-spaced
- Paper size: 8.5 by 11 inches
- Page margin size: 1 inch

---

## WHAT DO I INCLUDE IN THE PROJECT NARRATIVE?

A Project Narrative must be submitted with the application forms. The project narrative must be uploaded in a PDF file format when submitting via Grants.gov. The narrative must be submitted in the following format:

- Maximum number of pages: 50 pages per category. If your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed
- Font size: 12 point unreduced, Times New Roman
- Spacing: Double-spaced
- Paper size: 8.5 by 11 inches
- Page margin size: One inch
- Number all narrative pages; not to exceed the maximum number of pages
- Printed only on one side of the page

In a paragraph preceding the Project Narrative, please describe the following:

- The Category(s) the applicant is applying for:
  - **Category A:** HIV prevention services for high risk Young Men of Color Who Have Sex with Men (YMSM of color) and their partners regardless of age, gender and race/ethnicity.
  - **Category B:** HIV prevention services for high risk Young Transgender (YTG) persons of color and their partners regardless of age, gender, and race/ethnicity.

- If applying under Category A, the percentages of individuals served by the applicant in the last 24 months who were YMSM of color.
- If applying under Category B, the percentages of individuals served by the applicant in the last 24 months who were YTG persons of color.

Answers to the questions in the subsections below are critical to determining the applicant's qualification for this funding opportunity. If the applicant fails to provide any documents required in these subsections, the applicant's score may be impacted.

---

## WHAT ITEMS BELONG IN THE APPENDIX, AND HOW MUCH ADDITIONAL INFORMATION MAY I SUBMIT AS APPENDICES?

Your application's attachments and appendices will not be counted toward the narrative page limit but may not exceed 50 electronic attachments and 100 additional pages for each application.

This section outlines the items that **must be included in the attachment and appendix sections of your application**. If you include additional documents to support your narrative, you must indicate where the supporting documentation is located within your application's attachments and appendix.

There are seven main appendix sections:

### Appendix A: Proof of Eligibility

You must provide all of the following required documentation for the Eligibility Criteria section:

- Letter from the IRS or state affirming your organization's incorporation as a non-profit organization, i.e., 501(c)(3) status.

- Documentation to show that the applicant has provided HIV prevention or care services to high-risk YMSM of color and/or YTG persons of color for the past 24 months.
- If applying to implement a locally-developed theory-based intervention, provide documentation to demonstrate that the applicant has implemented a locally-developed, theory-based HIV prevention intervention serving high risk YMSM of color or YTG persons of color for the past 24 months.

**Note: Certificates will not be accepted as a substitution for the Federal 501(c)(3) Internal Revenue Service Certificate.**

#### **Appendix B: Proposed Target Population Worksheet**

- Complete the Proposed Target Population Worksheet (See *Attachment XIV*), and the Historical Data Table (See *Attachment XIII*) from the Justification of Need section. These items should be placed in the application's appendices and titled Appendix B: Proposed Target Population and History of Services.

#### **Appendix C: Implementation Plan(s)**

- Include a written implementation plan for each proposed HIV prevention intervention or service. Templates for EBI implementation plans are available on [www.effectiveinterventions.org](http://www.effectiveinterventions.org).
- Complete and sign CDC Form 0.1113: Assurance of Compliance Form. This form must be signed by your project director and authorized business officer. Submit the completed Assurance of Compliance with the Requirements for Contents of AIDS-Related Written Materials Form (CDC Form 0.1113, see *Attachment X*). The current guidelines and the form may also be downloaded from the CDC website: <http://www.cdc.gov/od/pgo/forminfo.htm>.

#### **Appendix D: Required HIV Testing Documentation (if applicable)**

- Letter from the health department stating that the applicant has discussed plans for implementing HIV testing services, verifying that the applicant will comply with all state and local laws and regulations pertaining to HIV testing (*Attachment XI: Health Department Director Sample Letter for HIV testing*);
- Completed letter of intent from a physician (as determined by local regulations, stating his/her involvement in HIV testing activities) (*Attachment XVII: Sample Letter of Intent from a Physician*); and
- Letter of support from laboratory and/or CLIA certificate of waiver.

#### **Appendix E: Information System and Data Security Requirements**

- Memorandum of Understanding (MOU) indicating compliance with H.19 308 (d) Contract Clause for Safeguards for Individuals and Establishments Against Invasions of Privacy. (*Attachment VI: MOU between the Centers for Disease Control and Prevention and Directly Funded Agencies for use of CDC-Licensed or Owned Data Systems or Attachment VIa: MOU between CDC and Directly Funded Agencies for use of Non CDC-Licensed or Privately Owned Data Systems* [NEW YORK APPLICANTS ONLY]). (Labeled as Appendix E.1 MOU with CDC for Data Systems.)
- Rules of Behavior for use of CDC-Licensed or Owned Data systems (*Attachment VII*). (Labeled as E.3 Rules of Behavior for CDC Data Systems.)
- Contractor's Pledge of 309(d) Confidentiality Safeguards for Individuals and establishments Against Invasions of Privacy. (*Attachment VIII: Contractor's Pledge of 308(d) Confidentiality Safeguards for Individuals and Establishments Against Invasion of Privacy*) (Labeled as

## Appendix E.2 Confidentiality Agreement.)

### Appendix F: Other Documentation

Include all other documentation needed to support the project narrative under this heading:

- *Attachment XVI: Partner Services MOA with Health Department.* (Labeled as Appendix F.1: PS Memorandum of Agreement.)
- Resumes of staff included in the budget as part of Program Staff (Labeled as Appendix F.2: Resumes.)
- One of the following items to serve as evidence of service, location, and history:
  - A copy of at least one progress report describing services to YMSM of color and/or YTG persons of color; process monitoring data; service utilization data that includes client characteristics; or, if the applicant is currently funded by a source other than CDC, a letter from one of the applicant's funding sources documenting the applicant's service to the target population. (Labeled as Appendix F.3: Proof of Service, Location, and History.)
- Three letters of support from civic (or non-profit), business, or faith-based organizations that are located in the community and also serve YMSM of color or YTG persons of color. These letters should specifically address the applicant's history of providing services to the proposed target population in the area(s) where the proposed services will be provided. Only three letters should be included in this appendix (Labeled as Appendix F.4: Three Letters of Support.)

If applying to implement a locally-developed, theory-based intervention:

- A letter from the Executive Director or CEO attesting that the organization is the original developer of the proposed

locally-developed intervention, that the intervention is developed with substantial input from the served community, and that the agency has been delivering the locally-developed intervention to the target population for at least 24 months prior to the publication date of this Funding Opportunity Announcement. (Labeled as Appendix F.5: Attest to Original Development.)

- A complete intervention manual or other implementation materials that accurately and completely describe the locally-developed intervention that has been delivered by the applicant for at least two years. (Labeled as Appendix F.6: Locally Developed Intervention Program Materials.)
- Statement of YMSM of color and/or YTG persons of color agency involvement and MOA. (Labeled as Appendix F.7: Statement on YMSM of color and YTG persons of color Agency Involvement and MOA.)
- Organizational charts of the applicant's agency and the HIV prevention program within the organization. (Labeled as Appendix F.8: Organizational Charts.)
- The applicant may include additional letters of support not to exceed 5 pages. (Labeled as Appendix F.9: Additional Letters of Support.)
- The applicant may include additional supportive documentation as deemed necessary, not to exceed 10 pages. (Labeled as Appendix F.10: Other Attachments and Documentation.)

Please include the additional items under Appendix F of the application's Table of Contents and include page numbers for each item. See *Attachment XII: Sample Application Table of Contents*.

### Appendix G: Budget and Budget Justification

- Submit a detailed line item budget and budget justification, with a sub-budget for each proposed intervention and

service. This item should be placed in the application's attachments and titled Appendix G: Budget and Budget Justification.

---

## HOW DO I NAME ELECTRONIC FILES?

Electronic files of attachments or appendices submitted via Grants.gov should be uploaded in PDF file format and electronically named or labeled as follows:

- Appendix A: Proof of Eligibility
  - *Appendix A.1: Copy of the Federal Internal Revenue Service certificate verifying 501(c)(3) tax exempt status*
- Appendix B: Proposed Target Population and History of Services
  - *Appendix B.1: Proposed Target Population Worksheet*
  - *Appendix B.2: Historical Data Table*
- Appendix C: Implementation Plan(s)
  - *Appendix C.1: Implementation Plans*
  - *Appendix C.2: Assurance of Compliance Form*
- Appendix D: Required HIV Testing Documentation
  - *Appendix D.1: Health Department Letter*
  - *Appendix D.2: Letter of Intent from a Physician (if required)*
  - *Appendix D.3: Letter of Support from Laboratory or CLIA Certificate*
- Appendix E: Information System and Data Security Requirements
  - *Appendix E.1: MOU with CDC for Data Systems*
  - *Appendix E.2: Confidentiality Agreement*
  - *Appendix E.3: Rules of Behavior for CDC Data Systems*
- Appendix F: Other Documentation
  - *Appendix F.1: PS Memorandum of Agreement*
  - *Appendix F.2: Resumes*
  - *Appendix F.3: Proof of Service, Location, and History*

- *Appendix F.4: Three Letters of Support*
- *Appendix F.5: Attest to Original Development*
- *Appendix F.6: Locally Developed Intervention Program Materials*
- *Appendix F.7: Statement on YMSM of color or YTG persons of color Agency Involvement and MOA*
- *Appendix F.8: Applicant's Organizational Charts*
- *Appendix F.9: Additional Letters of Support (not to exceed 10 pages)*
- *Appendix F.10: Other Attachment Forms and Documentation*
- Appendix G: Budget and Budget Justification.

---

## WHERE DO I FIND GUIDANCE ON BUDGET PREPARATION?

Budget guidelines and samples can be found at:

<http://www.cdc.gov/od/pgo/funding/budgetguide.htm>

Remember that you must submit a detailed line item budget and budget justification, with a sub-budget for each proposed program model. This item should be placed in your application's Appendix G: Budget and Budget Justification.

---

## WHAT ARE THE FUNDING RESTRICTIONS?

You must take the following funding restrictions into account when you are completing your budget:

- Funds may not be used for research.
- Funds may not be used for clinical care.
- Funds may only be expended for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.

- Generally, HHS/CDC/ATSDR funding may not be used for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role (no less than 51%) in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Recipients may not use funds to develop new locally-developed HIV prevention interventions.
- Reimbursement of pre-award costs is not allowed.
- Funds cannot be used to provide medical or substance abuse treatment.
- Recipients may not use funds for clinical care.
- Recipients may not use funds for school-based HIV prevention programs.

***Note: The indirect cost rate agreement should be uploaded as a PDF file with "Other Attachment Forms" when submitting via Grants.gov.***

---

## IS MY APPLICATION SUBJECT TO INTERGOVERNMENTAL REVIEW?

Your application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order (EO) 12372. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) as early as possible to alert the SPOC about your prospective application and to receive instructions on the state's process.

For the current SPOC list, go to:  
[http://www.whitehouse.gov/omb/grants\\_spo\\_c/](http://www.whitehouse.gov/omb/grants_spo_c/).

---

## HOW DOES THE CDC REVIEW AND SELECTION PROCESS WORK?

Applications will be reviewed for completeness by the Procurement and Grants Office staff and for responsiveness jointly by the Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, and PGO.

Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. You will be notified that the application did not meet submission requirements.

There are **two steps** to the evaluation process for complete and responsive applications:

**Step One:** An objective review panel will evaluate complete and responsive applications according to the criteria listed in the Section V. Application Review Information subsection entitled "Evaluation Criteria." The applications will be evaluated by an independent external review panel assigned by CDC, known as a Special Emphasis Panel (SEP). The panel will assign the application a score using evaluation criteria as specified in Section V. Application Review Information. The score will be based on the applicant's responses to the questions in Section IV. Application and Submission Information, starting with A. Justification of Need. For HIV Prevention Programs, applicants can receive a maximum of 1000 points. Applicants will be selected to receive a pre-decisional site visit based on scores and application of the funding preferences included in the FOA.

**Step Two:** The next step of the review process is conducted during a pre-

decisional site visit. For HIV Prevention Program proposals, applicants can receive a maximum PDSV score of 550 points. If the HIV Prevention Program proposal fails to score at least 400 points during the PDSV, the applicant will not be considered for funding. Applicants applying for funding will be selected to receive a PDSV based on scores, geographic location, CDC's funding preferences, and populations proposed to be targeted.

### **Selection Process**

Applications will be funded in order by score and rank determined by the review panel. In addition, the following factors may affect the funding decision:

- 1) Pre-decisional site visit and
- 2) CDC's funding preferences, ensuring:
  - Funded applicants are balanced in terms of targeted racial or ethnic minority groups. (The number of funded applicants serving each racial or ethnic minority group may be adjusted based on the burden of infection in that group as measured by HIV or AIDS reporting.)
  - Underserved minority populations, such as Native American populations, receive services.
  - Funded applicants are balanced in terms of targeted risk behaviors and HIV serostatus. (The number of funded applicants serving each risk group may be adjusted based on the burden of infection in that group as measured by HIV or AIDS reporting.)
  - Funded applicants are balanced in terms of geographic distribution. (The number of funded applicants may be adjusted based on the burden of infection in the jurisdiction as measured by HIV or AIDS reporting.)
  - Funded organizations have extensive experience (at least 24 months for Category A and/or B) serving the proposed target population. This will include YMSM of color and/or YTG persons of color (ages 13 to 29) and

their partners of regardless of age, gender, and race/ethnicity.

***Note: CDC will provide justification for any decision to fund out of rank order.***

---

## **HOW IS THE WRITTEN APPLICATION SCORED?**

Eligible applicants are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of Funding Opportunity Announcement PS11-1113. Measures of effectiveness must relate to the performance goals stated in the *Purpose* section of this announcement. Measures of effectiveness must be objective and quantitative and measure the intended outcome of the proposed program. Measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Your written application will be evaluated on the following criteria:

Criteria for Step One: Application Review by Special Emphasis Panel:

### **Total points = 1000 points**

#### **A. Justification of Need (50 points)**

- Adequacy of the applicant's justification of the target population's needs. (25 points)
- Adequacy of the applicant's explanation of how the proposed program meets the needs of the jurisdiction's comprehensive HIV prevention plan. (25 points)

#### **B. Applicant Infrastructure, Experience, and Capacity (100 points)**

#### **C. Program Description (850 points)**

- General (50 points)
- Risk Reduction Interventions and Strategies. (800 points)



D. Budget (Standard Form [SF] 424A) and Budget Narrative (Reviewed, but not scored.)

E. Budget and Justification (Reviewed, but not scored.)

Although the budget is not scored, applicants should consider the following in development of their budget. Is the justification and itemized budget reasonable and consistent with stated objectives and planned program activities for conducting the project?

If the applicant requests indirect costs in the budget, a copy of the indirect cost rate agreement is required. If the indirect cost rate is a provisional rate, the agreement should be less than 12 months of age. The indirect cost rate agreement should be uploaded as a PDF file with "Other Attachment Forms" when submitting via Grants.gov.

The applicant can obtain guidance for completing a detailed justified budget at: <http://www.cdc.gov/od/pgo/funding/budgetguide.htm>.

---

## HOW IS THE PRE-DECISIONAL SITE VISIT SCORED?

The following areas will be evaluated during the PDSV.

**Total points = 550 points**

### A. Proposed Program (100 points)

The purpose of this section is to assess your organization's ability to effectively implement your proposed HIV prevention interventions.

- The applicant's implementation of CDC protocols and procedures, including those for behavioral interventions and HIV testing. (50 points)

- How the applicant's target population reflects the priorities and needs identified in the jurisdiction's comprehensive HIV prevention plan. (50 points)

### B. Programmatic Infrastructure (250 points)

The purpose of this section is to assess your organization's experience and ability with identifying and addressing the needs of your proposed target population. This section will also assess your ability to effectively and efficiently implement your proposed activities.

Your score will be based on your agency's:

- Applicant structure and planned collaborations.
- Experience in developing and implementing effective and efficient HIV prevention interventions and services.
- Experience with governmental and non-governmental applicants, including other national agencies or applicants, state and local health departments, CPGs, and state and local non-governmental applicants that provide HIV prevention services.
- Ability to secure meaningful input and representation from members of the target population(s).
- Ability to provide culturally competent and appropriate services that respond effectively to the characteristics of the target population.
- Ability to adequately staff your program.
- Ability to collect, manage, store, and report process data on services provided and use these data to plan future interventions and improve available services.

### C. Organizational Infrastructure (200 points)

The purpose of this section is to assess the applicant's ability to effectively and efficiently sustain the proposed program. Your score will be based on:



- Applicant bylaws, mission, and vision.
- Composition, role, experience, and involvement of the board of directors in administering the agency.
- Current fiscal management capacity.
- Personnel process and procedures.
- Applicant protocols and procedures, (e.g., security, confidentiality, and grievances).
- Applicant capacity for fundraising.

---

## WHAT IS A RECIPIENT CAPABILITY ASSESSMENT?

In conjunction with the site visit, the Procurement and Grants Office will conduct a Recipient Capability Assessment (RCA) to evaluate your organization's ability to manage CDC funds. Either PGO staff or another selected agency will conduct this assessment.

---

## WHAT OTHER FACTORS AFFECT THE FUNDING DECISION?

Applications will be funded in order by score and rank determined by the review panel. In addition, the following factors may affect the funding decision: 1) Pre-decisional Site Visit (PDSV); and 2) CDC's funding preferences, ensuring:

### HIV Prevention Program:

- Funded applicants are balanced in terms of targeted racial/ethnic minority groups (i.e., the number of funded applicants serving each racial/ethnic minority group may be adjusted based on the burden of infection in that group as measured by HIV or AIDS reporting data).

- Underserved minority populations, such as Native American populations, receive services.
- Funded applicants are balanced in terms of targeted risk behaviors and HIV serostatus. (The number of funded applicants serving each risk group may be adjusted based on the burden of infection in that group as measured by HIV or AIDS reporting.)
- Funded applicants are balanced in terms of geographic distribution. (The number of funded applicants may be adjusted based on the burden of infection in the jurisdiction as measured by HIV or AIDS reporting.)
- Funded organizations have extensive experience (at least 24 months for Category A and/or B) serving the proposed target population. This will include YMSM of color and/or YTG persons of color (ages 13 to 29) and their partners of regardless of age, gender, and race/ethnicity.

**CDC will also provide justification for any decision to fund out of rank order.**

---

## HOW WILL MY ORGANIZATION BE NOTIFIED IF WE ARE SELECTED FOR FUNDING?

Successful applicants will receive a Notice of Award (NoA) from the CDC Procurement and Grants Office. The NoA shall be the only binding, authorizing document between you and CDC. The NoA will be signed by an authorized Grants Management Officer and emailed to your program director, and a hard copy will be mailed to the fiscal officer identified in your application.

Any application awarded in response to this FOA will be subject to the DUNS, CCR Registration, and Transparency Act requirements.

Unsuccessful applicants will receive notification of the results of their application review by mail.

---

## WHAT ARE OUR REPORTING REQUIREMENTS IF FUNDED?

The interim progress report (IPR) is due no less than 90 days before the end of the budget period. The IPR will serve as the non-competing continuation application and must contain the following elements:

- Standard Form 424S.
- SF 424A: Budget Information-Non-Construction Programs.
- Budget Narrative.
- Indirect Cost Rate Agreement.
- Project Narrative.

Additionally, funded applicants must provide CDC with an original, plus two hard copies of the following reports:

Annual progress report (APR), due 90 days after the end of the budget period.

Additional guidance on what to include in this report may be provided by CDC well in advance of the due date. It must include:

- Progress the grantee has made toward achieving the target levels and goals of performance for each objective.
- Current budget period financial progress.
- Additional requested information.

Financial Status Report\* (SF 269) and annual progress report, are due no more than 90 days after the end of the budget period.

Final performance report and Financial Status Report\*, are due no more than 90 after the end of the project period.

---

## WHO MAY I CONTACT FOR MORE INFORMATION?

### General questions:

Technical Information Management Section  
CDC Procurement and Grants Office  
2920 Brandywine Road, MS E-14  
Atlanta, GA 30341  
Phone: 770-488-2700  
Email: [PGOTIM@cdc.gov](mailto:PGOTIM@cdc.gov)

### Program technical assistance:

Renata D. Ellington, Program Leader  
Department of Health and Human Services  
Centers for Disease Control and Prevention  
Division of HIV/AIDS Prevention, Prevention Program Branch  
1600 Clifton Rd. MS E-58  
Atlanta, GA 30333  
Telephone: 404-639-8330  
Email: [cbofoa@cdc.gov](mailto:cbofoa@cdc.gov)

### Financial, grants management, or budget assistance:

Sheila Edwards, Grants Management Specialist  
Department of Health and Human Services  
CDC Procurement and Grants Office  
2920 Brandywine Road, MS E-15  
Atlanta, GA 30341  
Telephone: 770-488-1644  
Email: [PGO10-1113@cdc.gov](mailto:PGO10-1113@cdc.gov)

### Hearing impairment assistance:

CDC telecommunications for persons with hearing impairment or other disabilities are available at TTY 1-888-232-6348.

### Grants.gov assistance:

If you have technical difficulties with Grants.gov, customer service can be reached by email at [support@grants.gov](mailto:support@grants.gov) or by phone at 1-800-518-4726 (1-800-518-GRANTS). The Grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of holidays.